

HEALTH EDUCATION SIGNOFFS

S.T.D. EDUCATION/INFORMATION FORM

I, _____, received S.T.D. information and education on _____
(Resident's name) (Date)

at _____.
(Name of Program)

Resident Signature

Group Leader Signature

HEPATITIS C EDUCATION/INFORMATION FORM

I, _____, received Hepatitis C information and education on _____
(Resident's name) (Date)

at _____.
(Name of Program)

Resident Signature

Group Leader Signature

T.B. EDUCATION/INFORMATION FORM

I, _____, received T.B. information and education on _____
(Resident's name) (Date)

at _____.
(Name of Program)

Resident Signature

Group Leader Signature

H.I.V./A.I.D.S. EDUCATION/INFORMATION FORM

I, _____, received HIV/AIDS information and education on _____
(Resident's name) (Date)

at _____.
(Name of Program)

Resident Signature

Group Leader Signature

